



## Providing Solutions for Business Owners Fact Finder

*Whether your clients own a large company or a small family-operated business, the success of their business depends on smart strategy and planning. It's important to protect their hard work.*

*The Ark Group offers innovative business solution concepts to help ensure that all the effort and money invested doesn't disappear when the unexpected happens. Take a moment to answer the following questions to help us ensure your client's business is properly protected.*

### Do Your Clients

- Yes  No Own or are they a principal owner of their business practice? What percentage? \_\_\_\_\_ %
- Yes  No Own the building used by their principal business practice?
- Yes  No Have an ownership interest in another business(es)?
- Yes  No Have published employment practices, procedures and benefits for employees?
- Yes  No Conduct employee performance reviews annually (or more often) as a standard business practice?

### Have Your Clients

- Yes  No Insulated their income and assets against external litigation?
- Yes  No Considered the benefits of tax-deferred earnings, income and profits?
- Yes  No Planned for the continuation of their business practice beyond their retirement in case of: death, disability, and/or critical illness?
- Yes  No Reviewed their Wills, Trusts, Health Care and Financial Powers of Attorney, Financial or Buy/Sell Agreements within the past five years?
- Yes  No Established a defined benefit pension plan for their business and is it guaranteed?
- Yes  No Complied with the 2006 Pension Protection Act-IRC 101(j) consent, notice and reporting requirements for corporate-owned life insurance?
  - Yes  No Key Man
  - Yes  No Split Dollar
  - Yes  No Entity Buy-Sell
  - Yes  No Non-Qualified Deferred Compensation
- Yes  No Structured your insurance premium payments to fund them all on a business tax-deductible and personal tax-free basis?
  - Yes  No Life Insurance
  - Yes  No Critical Illness Insurance
  - Yes  No Long Term Care Insurance
  - Yes  No Long Term Disability Insurance

*Please continue on reverse.*

<b>Client</b> Full Name		Social Security Number	Birth Date
Current Residential Address (Street, City, State)			
Phone	Alternate Phone		Email Address

<b>Business</b> Name		EIN Number	Inception Date
Type of Business <input type="radio"/> C Corporation <input type="radio"/> S Corporation <input type="radio"/> Limited Liability Company (LLC) <input type="radio"/> Partnership <input type="radio"/> Proprietorship <input type="radio"/> Privately Owned			
Address (Street, City, State, Zip)			
Phone	Alternate Phone		Fax
Email Address		Website	

<b>Accountant</b>		Email Address
Mailing Address (Street, City, State)		
Phone	Alternate Phone	Fax

<b>Attorney</b>		Email Address
Mailing Address (Street, City, State)		
Phone	Alternate Phone	Fax